

## **2009 DRAFTING REQUEST**

### **Bill**

Received: **01/16/2009**

Received By: **gmalaise**

Wanted: **As time permits**

Identical to LRB:

For: **Administration-Budget**

By/Representing: **Stinebrink**

This file may be shown to any legislator: **NO**

Drafter: **gmalaise**

May Contact:

Addl. Drafters:

Subject: **Children - abuse and neglect**

Extra Copies:

Submit via email: **NO**

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### **Pre Topic:**

DOA:.....Stinebrink, BB0406 -

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### **Topic:**

Home visiting

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### **Instructions:**

See attached

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### **Drafting History:**

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	gmalaise 01/20/2009	nnatzke 01/21/2009		_____ _____			S&L
/1			rschluet 01/21/2009	_____ _____	lparisi 01/21/2009		S&L
/2	gmalaise 01/27/2009	nnatzke 01/27/2009	phenry 01/27/2009	_____ _____	lparisi 01/27/2009		S&L
/3	gmalaise 01/30/2009	nnatzke 01/30/2009	rschluet 01/30/2009	_____ _____	cduerst 01/30/2009		

FE Sent For:

<END>

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/2	gmalaise 01/27/2009	nmatzke 01/27/2009 /3 nwn 1/30	phenry 01/27/2009	_____	lparisi 01/27/2009		

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Extra Copies:

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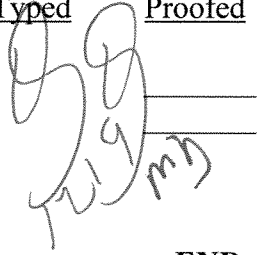
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See attached

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FE Sent For:

**<END>**

## 2009-11 Budget Bill Statutory Language Drafting Request

- Topic: Home Visiting
- Tracking Code: BBO401p
- SBO team: Education, Children & Families
- SBO analyst: Cory Stinebrink
  - Phone: 266-8219
  - Email: Cory.Stinebrink@Wisconsin.gov
- Agency acronym: DCF
- Agency number: 437
- Priority (Low, Medium, High): High

### Intent:

#### Policy goals in this proposal include:

- Align the two comprehensive home visiting programs DCF administers (Family Foundations and Empowering Families Milwaukee) to reflect evidence-informed best practices that have emerged since the original legislation, and position the state for receipt of potential federal funds, if they become available.
- Support the use of evidence-informed home visiting strategies as a means to prevent child maltreatment and improve birth outcomes.
- Provide for a continuum of outreach and engagement services, universal to targeted, that is scale-able and sustainable statewide.
- Assure that services are available where the need is the greatest.
- Expand access to comprehensive home visiting programs statewide, beginning with Wisconsin communities with high rates of disparities in birth outcomes.
- Coordinate with the Department of Health Services' Healthy Birth Outcomes Initiative to assure that pregnant women at high risk of poor birth outcomes who enroll in Family Foundations are identified and receive directed services aimed at reducing risks for poor birth outcomes.

#### To achieve these goals, we propose the following approach:

1. By the end of the second year of the 09-11 biennium, require Family Foundations and Empowering Families Milwaukee programs be aligned to reflect evidence-informed best practices for assuring healthy birth outcomes, child health, child safety, child development, and school readiness. This includes:
  - a. Require all Family Foundations programs to assure that universal outreach and engagement services are available for all new parents in the community served.
  - b. Require all Family Foundations programs to begin outreach and engagement prenatally for MA – eligible pregnant women, regardless of whether it is a first or subsequent pregnancy. (Currently only Empowering Families Milwaukee begins prenatally.)
  - c. Require all Family Foundations programs to implement strategies aimed at healthy birth outcomes, with state-prescribed performance measures, in collaboration with local PNCC providers. (Currently only Empowering Families Milwaukee focuses on birth outcomes)

(Continued)

- ~~X~~ Require all home visiting programs to utilize the new DHS screening tool to identify high risk pregnant women and to refer those eligible to DHS' Healthy Birth Outcomes Initiative enriched MA benefit for high risk pregnant women.
- ~~g~~ Require all home visiting programs to use evidence-informed program components and curricula to achieve these outcomes, with the state providing guidance on these models and curricula.
- ~~f~~ Require all home visiting programs to coordinate with the state's Early Childhood Advisory Council to assure enrolled children have access to comprehensive child development programs such as Early Head Start, Head Start or other accredited program. (Ensures compatibility with proposed new federal legislation)
- ~~g~~ Require all home visiting programs to participate in a peer mentoring/advisory network and training and technical assistance program managed by the state and focused on quality assurance and quality improvement.
- ~~h~~ Require all Family Foundations programs to provide at least 25% of the total allocation in local match, either cash or in-kind.
- ~~i~~ Require counties and tribes administering the program to reinvest a portion of federal MA funds in the program.

2. Revise 2005 Wis. Stats. 48.983 to reflect changes referenced in #1, as well as:

- a. Eliminate the current exclusion of Milwaukee County in the statute.
- b. Revise the formula for determining the amount of a grant awarded to a county or Indian tribe in excess of the minimum amount to be based solely on the proportion of births funded by medical assistance.
- c. Eliminate the geographic prescription and number of counties, and base grant awards on need, as defined by proportion of MA funded births and rates of poor birth outcomes, including infant mortality, preterm birth and low birthweight, and rates of racial/ethnic disproportionality in these outcomes (state to determine formula to be identified in administrative rule).
- d. Allow children who lose eligibility for medical assistance during their tenure in the program to continue through age three, if the child has been continuously enrolled in the program for at least 12 months prior to losing eligibility;
- e. Eliminate "wraparound" provision (48.983(4)(b)(2), requiring that those served meet the eligibility requirements as defined in (1)(b) above;
- f. Revise reference to a maximum for use of flexible funds to reflect a minimum of \$250 per family per year, with no maximum prescribed.

3. Expand the program to one additional county based on the revised formula as proposed in 2(c) above.

**DEPARTMENT OF CHILDREN AND FAMILIES**  
**2009-11 Biennial Budget**  
**Governor's Budget Issue Paper**

**Issue:** Home Visiting – Assuring Healthy Birth Outcomes and Child Well-Being  
Using Comprehensive Home Visiting As a Service Delivery Strategy

**Problem Description**

The infant mortality rate for African Americans infants in Wisconsin, as compared to white, non-Hispanic infants, is the highest in the nation; this disparity rate has not changed over the past decade. Communities with the highest disparity rates include Milwaukee, Beloit, Racine and Kenosha. The leading cause of infant mortality for African American babies is related to high rates of preterm birth and low birth weight. Providing comprehensive home visiting in addition to prenatal care for women at risk of poor birth outcomes has been shown to increase the likelihood of better birth outcomes.

Research emphatically tells us that the foundations for later learning and emotional health are laid down in the first three years of life, yet new parents in Wisconsin currently do not have consistent access to information and supports that will help them to promote and enhance their children's health and development, thereby preparing them for success, in school and beyond. These include nutrition, safety, health care, child development information, child care assistance, emergency services and other supports. Providing information and support to families with identified needs using a comprehensive home visiting strategy has been shown to reduce the likelihood of children entering and remaining in the child welfare system and improve child health and well-being.

Undiagnosed and unaddressed developmental and health problems in pregnancy and in the first years of life can put children's lives at risk, as well as impede overall child development and school readiness; early childhood home visitation has been shown to improve child development and school readiness outcomes. All parents deserve and can benefit from research-based information regarding child development, health and safety; enrichment opportunities with their children; and early opportunities to become involved with their communities and schools.

**Background**

1. Early childhood home visitation has been found to lead to positive outcomes for children and families, including improved child health and development, positive parenting practices, readiness for school and reductions in child maltreatment. Services provided can include parenting and child development information, linking families to community services and resources and providing social support. The efforts of the home visitor to engage and establish a strong relationship with the family can produce short-term and intermediate positive outcomes such as changes in parent knowledge and behavior, decreased stress, better family functioning, and access to needed services. Long-term outcomes include better child health outcomes, better social and emotional support for the families, increased capacity of a parent to care for the child, and decreased abuse or neglect.



2. Research on poor birth outcomes has found that high quality prenatal care and healthy individual behaviors during pregnancy are necessary, but not sufficient, to reduce birth disparities. Home visiting programs that begin prenatally and encourage the use of formal and informal networks of social support are considered a keystone in any broad system of care for African American women and their families, who are at disproportionate risk for poor birth outcomes. The Task Force on Community Preventive Services of the Centers for Disease Control and Prevention recommends use of home visitation to improve birth outcomes and prevent child abuse and neglect, provided they meet certain criteria, specifically: involvement of community agencies, initial engagement of families, and focus on those at high risk due to being part of a socially disadvantaged group.
3. There is a sizable body of research on early childhood home visitation programs indicating that such approaches can prevent child maltreatment in high-risk families, with programs longer than two years having the strongest effects.
4. Both the Family Foundations and Empowering Families Milwaukee programs were transferred to DCF from DHS Division of Public Health effective July 1, 2008.
5. Family Foundations was created by legislation enacted in May 1998 (1997 Wisconsin Act 293), in response to a Legislative Council Study Committee recommendation to establish a primary prevention program focusing on implementing an effective home visiting program. The program is based on the Prevent Child Abuse "Healthy Families America" model, which is one of several home visiting programs found to be effective at preventing child maltreatment. In addition to \$995,700 GPR funds allocated by statute for grants to local agencies, \$160,000 GPR was originally provided for technical assistance and training to agencies receiving the grants. Over time, the \$160,000 GPR for training was removed by DHS as part of GPR reductions, and replaced with Title IV-E funds. Grantees are eligible to bill medical assistance for a portion of their services that qualify for medical assistance reimbursement, specifically case management.
6. An evaluation of the Family Foundations program as required by statute was conducted in 2003 by the Department of Health and Family Services; it found statistically significant improvements in family functioning and positive parenting practices among families in the program. It was expected that once the evaluation was completed, the home visiting program, if found effective, would be expanded throughout the state. However, fiscal challenges faced in the last several budget cycles have resulted in no expansion beyond the initial awards.
7. Empowering Families Milwaukee (EFM) was implemented in 2005 and operates with TANF funds made available following a DHFS evaluation of funded home visiting programs in Milwaukee that found the programs to be ineffective. The program is funded with \$812,085 TANF, contracted using a competitive bid process to the City of Milwaukee Health Department to provide enhanced multi-disciplinary services to eligible families residing in a six zip code area of Milwaukee, that have high rates of child abuse and neglect referrals and poor birth outcomes. This service delivery model builds on the Family Foundations model for child maltreatment prevention, but also focuses on promoting healthy birth outcomes, as

49.45 (44)

Wisconsin has one of the greatest disparity rates in birth outcomes for African Americans in the nation. EFM begins prenatally, offering Prenatal Care Coordination services (a medical assistance benefit) and, because it is located in Milwaukee, is also eligible to bill MA for child care coordination (case management) for MA eligible participants. An evaluation of the program is in progress.

8. The following tables identify current funding levels from state resources. It should be noted that it is not possible to isolate medical assistance (MA) reimbursements specifically for Family Foundations grantees at this time. However, in reviewing historical information it appears that agencies receive approximately 65% MA reimbursement as compared to what they bill MA for in total dollars. Medical Assistance reimbursement is reflected in the counties' revenue budgets as a lump sum reflecting all MA revenues to the county.

**Table 1. Family Foundations (GPR)**

Family Foundations Program	CY 2008 Grant	# Families Served CY 2007	Ratio (Grant/ # Families)
Brown County	\$265,130	105	\$2,525/family
Door County	35,715	23	1,552
Fond du Lac County	111,994	32	3,499
Manitowoc County	81,367	36	2,260
Marathon County	157,925	53	2,979
Portage County	78,189	14	5,584
Vernon County	37,160	11	3,378
Waukesha County	140,021	56	2,500
Waupaca County	62,586	26	2,407
Lac Courtes Oreilles Indian Tribe	25,602		

**Table 2. Empowering Families Milwaukee (TANF -FED, GPR, PR)**

Empowering Families Milwaukee	\$812,085	255*	\$3,185
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\*CY 2008 estimate

9. Fifty-nine of 72 counties currently offer some form of home visiting, a service delivery strategy that can be employed by many different programs for different purposes. These include public health home visiting focused on child health and safety, and Prenatal Care Coordination, which is a Medicaid services benefit for pregnant women at risk of poor birth outcomes, usually provided by local public health departments but also by Health Maintenance Organizations (HMOs); the benefit includes a post-partum follow up visit. At least one HMO directly provides home visiting. There are two Healthy Families America programs in the state that are funded privately (in La Crosse and Walworth counties). Two federally funded Healthy Start programs operate in the state – one is in Milwaukee. The Nurse Partnership Home Visiting program also operates in Milwaukee. Of the 102 birthing hospitals in the state, ten offer a universal risk screening and referral program for new parents aimed at preventing infant mortality – seven of these are in Milwaukee. Best practice in hospital discharge planning for new parents requires the distribution of general education regarding infant and maternal health prior to discharge, as well as demonstration of infant health care practices, home safety tips and information on community resources. Many of the

Family Foundations programs link all of these services together to provide a continuum of outreach and engagement to pregnant women and new parents.

10. There is a need to enhance the state's existing infrastructure to promote and support high quality evidence-based home visitation programs and to implement concrete quality improvement strategies. These efforts would better situate the state to receive federal funding as proposed in the Education Begins At Home Act. In the context of reforming the state's child and family services system, home visiting is a key strategy for early intervention in families where the risk of abuse and neglect may elevate absent intervention.
11. The Legislative Council's Study Committee on Strengthening Families introduced AB 663, Relating to Home Visitation Grants, in the last session. This proposed legislation made certain changes to the Family Foundations targeted home visiting program, removing restrictions on the counties and tribes to which funds may be distributed, and removing references to Milwaukee County. It further would have required counties and tribes that receive a grant to match at least 25% in funds or in-kind contributions. While it passed in the Assembly, it failed in the Senate, pursuant to Senate Joint Resolution 1.

### **Approach**

Our policy goals in this proposal include:

- Align the two comprehensive home visiting programs DCF administers (Family Foundations and Empowering Families Milwaukee) to reflect evidence-informed best practices that have emerged since the original legislation, and position the state for receipt of potential federal funds, if they become available.
- Support the use of evidence-informed home visiting strategies as a means to prevent child maltreatment and improve birth outcomes.
- Provide for a continuum of outreach and engagement services, universal to targeted, that is scale-able and sustainable statewide.
- Assure that services are available where the need is the greatest.
- Expand access to comprehensive home visiting programs statewide, beginning with Wisconsin communities with high rates of disparities in birth outcomes.
- Coordinate with the Department of Health Services' Healthy Birth Outcomes Initiative to assure that pregnant women at high risk of poor birth outcomes who enroll in Family Foundations are identified and receive directed services aimed at reducing risks for poor birth outcomes.

To achieve these goals, we propose the following approach:

1. By the end of the second year of the 09-11 biennium, require Family Foundations and Empowering Families Milwaukee programs be aligned to reflect evidence-informed best practices for assuring healthy birth outcomes, child health, child safety, child development, and school readiness. This includes:
  - a. Require all Family Foundations programs to assure that universal outreach and engagement services are available for all new parents in the community served.

Cost: No fiscal effect on the state. This requirement assumes grantees arrange for the provision of this service with existing partners and resources in the community; Milwaukee would be exempted as it is not a countywide program.

- ☒ b. Require all Family Foundations programs to begin outreach and engagement prenatally for MA – eligible pregnant women, regardless of whether it is a first or subsequent pregnancy. (Currently only Empowering Families Milwaukee begins prenatally.)

Cost: Currently, Family Foundations grantees are only reaching a small number of Medicaid eligible births in their respective counties. Extending services to all Medicaid births - not just first time births - in the existing counties would require an additional \$3.3 million GPR and \$4.5 million FED in medical assistance reimbursements. Extending prenatal care services to the Medicaid population in the Family Foundations counties in some cases would involve the full range of prenatal care coordination and in other cases would involve a limited number of services. Assuming that all of the births to Medicaid teen mothers in the current Family Foundations counties would qualify as high risk, and therefore eligible for the full range of services under prenatal care coordination, could increase Medicaid reimbursements to an additional \$168,500 (\$96,800 FED and \$71,600 GPR). The balance of prenatal care is estimated at a lower cost per case but for more participants. It is estimated at \$978,900 (\$562,600 FED and \$416,300 GPR).

- ☒ c. Require all Family Foundations programs to implement strategies aimed at healthy birth outcomes, with state-prescribed performance measures, in collaboration with local PNCC providers. (Currently only Empowering Families Milwaukee focuses on birth outcomes)

Cost: Implementation of this requirement would likely involve additional staff resources locally. Based on the current Family Foundations grantees an additional .5 FTE nurse position is estimated for each site, resulting in an additional \$300,000/annually. This funding could be provided from increased Medicaid reimbursements to the counties, new GPR, or other local resources.

- ☒ d. Require all home visiting programs to utilize the new DHS screening tool to identify high risk pregnant women and to refer those eligible to DHS' Healthy Birth Outcomes Initiative enriched MA benefit for high risk pregnant women.

Cost: None to DCF. Costs would be incurred by DHS.

- ☒ e. Require all home visiting programs to use evidence-informed program components and curricula to achieve these outcomes, with the state providing guidance on these models and curricula.

Cost: There is no data available at this time to determine the fiscal effect of this requirement, which would include training and use of specific curricula.

- ☒ f. Require all home visiting programs to coordinate with the state's Early Childhood Advisory Council to assure enrolled children have access to comprehensive child

development programs such as Early Head Start, Head Start or other accredited program. (Ensures compatibility with proposed new federal legislation)

Cost: There is no data available at this time to determine the fiscal effect of this requirement, but expectation is this is a coordination effort.

- ~~g.~~ Require all home visiting programs to participate in a peer mentoring/advisory network and training and technical assistance program managed by the state and focused on quality assurance and quality improvement.

Cost: It is assumed that the cost of this requirement at the state level would be absorbed within the department's existing resources.

48,983 (2)  
46,518 (2)

- ~~h.~~ Require all Family Foundations programs to provide at least 25% of the total allocation in local match, either cash or in-kind.

Cost: None to state; savings could be realized. Currently, Family Foundations grantees are required to provide 50% match for flexible funds. Generally, this is a small amount relative to the total amount of grant funds provided. Based on the current Family Foundations allocation of \$995,700, an additional \$248,900 matching funds or in-kind would be available to support the home visiting program. EFM would be exempted.

- ~~i.~~ Require counties and tribes administering the program to reinvest a portion of federal MA funds in the program.

Cost: This requirement would have the effect of increasing the local budgets for the home visiting programs, but would not have a fiscal effect at the state budget level. It is suggested that a percentage, be negotiated that considers counties' administrative billing costs. EFM is currently required to reinvest all MA reimbursements in its program.

2. Revise 2005 Wis. Stats. 48.983 to reflect changes referenced in #1, as well as:

- 48,983 (2) ~~a.~~ Eliminate the current exclusion of Milwaukee County in the statute.

(4)(a) 4m.  
(b) 1.  
(6)(a)(c)(d)(e)

Cost: There is no fiscal effect on the state budget by including this item. However, given the preferred criteria for program funding (see below), most if not all of the current grantees would likely no longer be eligible to participate.

- 48,983 (2) ~~b.~~ Revise the formula for determining the amount of a grant awarded to a county or Indian tribe in excess of the minimum amount to be based solely on the proportion of births funded by medical assistance.

Cost: There is no fiscal effect on the state budget by including this item.

- RV  
48,983 (1)(3)  
(b)  
(3)(f)(e)  
(a)
- ~~c.~~ Eliminate the geographic prescription and number of counties, and base grant awards on need, as defined by proportion of MA funded births and rates of poor birth outcomes, including infant mortality, preterm birth and low birthweight, and rates of racial/ethnic disproportionality in these outcomes (state to determine formula to be identified in administrative rule).

Cost: There is no fiscal effect on the state budget by including this item.

RA (3)(b); (3)

- (4)(b)1. ~~d.~~ Allow children who lose eligibility for medical assistance during their tenure in the program to continue through age three, if the child has been continuously enrolled in the program for at least 12 months prior to losing eligibility;

Cost: There is no fiscal effect on the state budget by including this requirement. There will, however, be a cost to the local agencies to provide services to these children.

- AP  
(4)(b)2. ~~e.~~ Eliminate "wraparound" provision (48.983(4)(b)(2), requiring that those served meet the eligibility requirements as defined in (1)(b) above;

AM (b)3.  
253.12(2)  
(6)  
(7)(e) Cost: There is no fiscal effect on the state budget by including this requirement. The effect of this item in the current statute allows all families, including those not eligible for the program based on pregnancy, age of child and/or eligibility for medical assistance, to be served by the home visiting program, which is not the intent of the statute.

- (6)(b)1. ~~f.~~ Revise reference to a maximum for use of flexible funds to reflect a minimum of \$250 per family per year, with no maximum prescribed.

2. Cost: There is no fiscal effect on the state budget by including this requirement.

3. Expand the program to one additional county based on the revised formula as proposed in 2(c) above.

Cost: There is no fiscal effect on the state budget by including this requirement assuming the use of existing resources.

### Alternatives

1. Pursue a wholesale revamping of the current Family Foundations program as proposed, realigning current programs and requesting additional funds to expand the program to one additional county in the second year of this biennium. Key impacts:
  - a. Requires all current Family Foundations grantees to revise their programs
  - b. Revises statute as indicated, placing current grantees at risk of losing eligibility for continued funding based on new eligibility criteria regarding need

2. Adopt a phased in approach over the biennium to work with current grantees to implement changes as proposed, but require that current grantees revise their programs to confirm with 1 (a) – 1(d) above by the end of 2009.

### Recommendation

Alternative 2.

**Malaise, Gordon**

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**From:** Stinebrink, Cory R - DOA [Cory.Stinebrink@wisconsin.gov]

**Sent:** Friday, January 16, 2009 5:37 PM

**To:** Malaise, Gordon

**Subject:** Home Visitation

**Attachments:** Home Visiting comparison table for DOA.doc

Gordon-

Thought this comparison table provided to me by DCF might be of use with this home visitation draft that I sent over this week.

**Cory Robert Stinebrink**  
*Executive Policy & Budget Analyst*  
State Budget Office  
(608)266-8219

**Home Visiting**  
DCF Proposal as Compared to Current Law  
Family Foundations and Empowering Families Milwaukee

Note: The numeric/alpha in the column on the left corresponds to the numeric/alpha proposed item included in the division's budget paper beginning on page 5 of the Home Visiting paper. There are many additional changes proposed, however under the alternatives listed on page 8, the division's recommendation is for an incremental approach in 2009-11 biennial budget as reflected in alternative #2. Also, alternative #2 was modified during policy discussions to include proposal 1(h) and 1(i).

DCF Proposal	Statutory Change Required	Current Law-Family Foundations (FF)	Current Law-Empowering Families Milwaukee (EFM)
(4)(b) 1. <del>1</del> a. Require all Family Foundations programs in the state to provide outreach and engagement services to <u>all MA eligible pregnant women in the county or tribal area.</u>	Yes	Family Foundations grantees are required to provide services to first-time birth MA eligible pregnant women after they have given birth within the county or tribal area.	EFM provides services to the MA eligible population in a six zip code area of the inner city of Milwaukee.
(4)(b) 1. <del>1</del> b. Require all Family Foundations programs to begin outreach and engagement <u>prenatally</u> for MA eligible pregnant women regardless of whether it is a first or subsequent pregnancy.	Yes	FF grantees provide services to MA eligible women ( <u>once the child is born</u> ) if it is a <u>first-time pregnancy</u> .	EFM provides services to <u>all</u> MA eligible women <u>prenatally</u> and after the child is born.
CR (6)(a) 5. 1.c. Require all Family Foundations grantees to implement strategies aimed at healthy birth outcomes, with state-prescribed performance measures (DHS) in collaboration with local prenatal care providers.	Yes	Not currently focused on birth outcomes.	Strongly focused on birth outcomes.
<del>1</del> d. Require all home visiting programs to utilize the new DHS screening tool to identify high risk pregnant women and refer to the Healthy Birth Outcomes Initiative (enriched MA benefits).	No	Currently grantees do not provide services prenatally.	Strongly focused on identification of high risk pregnant women with referral for the enriched MA benefits available to pregnant women.



X	Require DCF to work with current FF grantees to meet the new requirements (1.a. through 1.d.)	No	Not required.	NA
X	Require DCF to develop an incremental, multi-year plan to expand home visiting to all high need counties over the next two biennia. (Target counties to include Dane, Kenosha, Milwaukee, Racine and Rock)	No	Not required.	NA
42,983 (2)	<del>1. h.</del> Require all Family Foundations programs in the state to provide at least 25% of their FF grant in local match, either cash or in-kind.	Yes	Not required.	NA
(5) (6) 12.	<del>1. i.</del> Require all Family Foundations programs in the state to reinvest a portion of MA reimbursements to the county or tribe into the FF program. The amount, to be negotiated with DCF, shall take into account the cost of the county or tribe's MA administrative billing costs and the ratio of MA reimbursements to the amount billed for FF services.	Yes	Not required.	NA



State of Wisconsin  
2009 - 2010 LEGISLATURE

LRB-1579/2

GMM 8/1/09

nwn

DOA:.....Stinebrink, BB0406 - Home visiting

FOR 2009-11 BUDGET -- NOT READY FOR INTRODUCTION

SA ✓  
x-ref ✓

1

AN ACT ...; relating to: the budget. ✓

*Analysis by the Legislative Reference Bureau*

**HEALTH AND HUMAN SERVICES**

**CHILDREN**

Under current law, DCF administers the Child Abuse and Neglect Prevention Program under which DCF awards grants to no more than six rural counties, three urban counties, and two Indian tribes that offer voluntary home visitation services to first-time parents who are eligible for Medical Assistance (MA). Current law requires DCF to determine the amount of a grant awarded to a county or an Indian tribe in excess of the statutory minimum grant amount of \$10,000 based on the number of births that are funded by MA in that county or the reservation of that Indian tribe in proportion to the number of those births in all of the counties and the reservations of all of the Indian tribes to which grants are awarded. Currently, a county or Indian tribe may use a grant to make payments totalling not more than \$1,000 per year for the appropriate expenses of a family participating in the program. A county, other than Milwaukee County, or an Indian tribe may also use a grant to provide case management services for a family participating in the program.

This bill makes all of the following changes to the Child Abuse and Neglect Prevention Program:

1. Eliminates the caps on the number of counties and Indian tribes that may be selected to participate in the program.
2. Requires DCF to determine the amount of a grant in excess of the statutory minimum based on need, as determined by a formula that DCF is required under the

bill to promulgate by rule, and requires that formula to determine need based on the number of births that are funded by MA in a county or a reservation of an Indian tribe, without regard to the number of those births in other counties and reservations, and on the rate of poor birth outcomes, including infant mortality, premature births, low birth weights, and racial or ethnic disproportionality in the rate of those outcomes, in the county or reservation.

3. Provides that if a family with a child who is at risk of abuse or neglect has been continuously receiving home visitation program services for not less than 12 months, those services may continue to be provided until the child reaches three years of age, regardless of whether the child continues to be eligible for MA.

4. Permits Milwaukee County to use grant funds to provide case management services.

5. Eliminates the cap on the amount that a county or Indian tribe may pay per year for the appropriate expenses of a family participating in the program and instead requires a county or Indian tribe to pay not less than \$250 per year for those expenses.

6. Eliminates the authority of a county or Indian tribe that receives a grant to provide home visitation services to a person who is not eligible for participation in the program, but who is at risk for perpetrating child abuse or neglect.

7. Requires a county or Indian tribe that receives a grant to do all of the following:

a. Agree to match at least 25 percent of the grant amount in funds or in-kind contributions.

b. Offer voluntary home visitation services to all, not just first-time, pregnant women in the county or reservation of the Indian tribe who are eligible for MA and commence those services during the prenatal period.

c. Reinvest in the program a portion of the MA reimbursement received by the county or Indian tribe, which amount shall be determined by negotiations between DCF and the county or Indian tribe.

d. Implement strategies, in collaboration with local prenatal care coordination providers, aimed at achieving healthy birth outcomes in the county or reservation of the Indian tribe.

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

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***The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:***

1        **SECTION 1.** 48.983 (1) (i) of the statutes is repealed.

2        **SECTION 2.** 48.983 (1) (j) of the statutes is repealed.

3        **SECTION 3.** 48.983 (2) of the statutes is amended to read:

1           48.983 (2) FUNDS PROVIDED. If a county or Indian tribe applies and is selected  
2     by the department under sub. (5) to participate in the program under this section,  
3     the department shall award, from the appropriation under s. 20.437 (2) (ab), a grant  
4     annually to be used only for the purposes specified in sub. (4) (a) and (am). The  
5     minimum amount of a grant is \$10,000. The county or Indian tribe shall agree to  
6     match at least 25 percent of the grant money annually in funds or in-kind  
7     contributions. The department shall determine the amount of a grant awarded to  
8     a county, ~~other than a county with a population of 500,000 or more,~~ or Indian tribe  
9     in excess of the minimum amount based on the need of the county or Indian tribe for  
10    a grant, as determined by a formula that the department shall promulgate by rule.  
11    That formula shall determine that need based on the number of births that are  
12    funded by ~~medical assistance~~ Medical Assistance under subch. IV of ch. 49 in that  
13    county or the reservation of that Indian tribe ~~in proportion to the number of births~~  
14    ~~that are funded by medical assistance under subch. IV of ch. 49 in all of the counties~~  
15    ~~and the reservations of all of the Indian tribes to which grants are awarded under~~  
16    ~~this section. The department shall determine the amount of a grant awarded to a~~  
17    ~~county with a population of 500,000 or more in excess of the minimum amount based~~  
18    ~~on 60% of the number of births that are funded by medical assistance under subch.~~  
19    ~~IV of ch. 49 in that county in proportion to the number of births that are funded by~~  
20    ~~medical assistance under subch. IV of ch. 49 in all of the counties and the~~  
21    ~~reservations of all of the Indian tribes to which grants are awarded under this section~~  
22    and on the rate of poor birth outcomes, including infant mortality, premature births,  
23    low birth weights, and racial or ethnic disproportionality in the rates of those  
24    outcomes, in that county or the reservation of that Indian tribe.✓

1       **SECTION 4.** 48.983 (3) (title) of the statutes is repealed.✓

2       **SECTION 5.** 48.983 (3) (a) of the statutes is repealed.✓

3       **SECTION 6.** 48.983 (3) (b) of the statutes is renumbered 48.983 (3) and amended  
4 to read:

5       48.983 (3) JOINT APPLICATION PERMITTED. Two or more counties and Indian tribes  
6 may submit a joint application to the department. ~~Each county or Indian tribe in a~~  
7 ~~joint application shall be counted as a separate county or Indian tribe for the purpose~~  
8 ~~of limiting the number of counties and Indian tribes selected in each state fiscal~~  
9 ~~biennium.~~✓

History: 1997 a. 293; 2005 a. 25, 165; 2007 a. 20 ss. 1133, 1134, 1136 to 1141, 1143 to 1167; Stats. 2007 s. 48.983.

10       **SECTION 7.** 48.983 (4) (a) 4m. of the statutes is amended to read:

11       48.983 (4) (a) 4m. ~~Other than in a county with a population of 500,000 or more,~~  
12 ~~to~~ To reimburse a case management provider under s. 49.45 (25) (b) for the amount  
13 of the allowable charges under the ~~medical assistance~~ Medical Assistance program  
14 that is not provided by the federal government for case management services  
15 provided to a ~~medical assistance~~ Medical Assistance beneficiary described in s. 49.45  
16 (25) (am) 9. who is a child and who is a member of a family that receives home  
17 visitation program services under par. (b) 1.✓

History: 1997 a. 293; 2005 a. 25, 165; 2007 a. 20 ss. 1133, 1134, 1136 to 1141, 1143 to 1167; Stats. 2007 s. 48.983.

18       **SECTION 8.** 48.983 (4) (b) 1. of the statutes is amended to read:

19       48.983 (4) (b) 1. A county, ~~other than a county with a population of 500,000 or~~  
20 ~~more,~~ or an Indian tribe that is selected to participate in the program under this  
21 section shall ~~select persons who are first-time parents and~~ offer all pregnant women  
22 in the county or the reservation of the Indian tribe who are eligible for ~~medical~~  
23 ~~assistance~~ Medical Assistance under subch. IV of ch. 49 and ~~shall offer each of those~~  
24 ~~persons~~ an opportunity to undergo an assessment through use of a risk assessment

1 instrument to determine whether the parent person assessed presents risk factors  
2 for perpetrating child abuse or neglect. Persons who are selected and who agree to  
3 be assessed shall be assessed during the prenatal period, ~~if possible, or as close to the~~  
4 ~~time of the child's birth as possible~~. The risk assessment instrument shall be  
5 developed by the department and shall be based on risk assessment instruments  
6 developed by the department for similar programs that are in operation. The  
7 department need not promulgate as rules under ch. 227 the risk assessment  
8 instrument developed under this subdivision. A person who is assessed to be at risk  
9 of abusing or neglecting his or her child shall be offered home visitation program  
10 services <sup>plain space</sup> that shall commence during the prenatal period. Home visitation program  
11 services may be provided to a family with a child identified as being at risk of child  
12 abuse or neglect until the identified child reaches 3 years of age. If a family has been  
13 receiving home visitation program services continuously for not less than 12 months,  
14 those services may continue to be provided to the family until the identified child  
15 reaches 3 years of age, regardless of whether the child continues to be eligible for  
16 Medical Assistance under subch. IV of ch. 49. If risk factors for child abuse or neglect  
17 with respect to the identified child continue to be present when the child reaches 3  
18 years of age, home visitation program services may be provided until the identified  
19 child reaches 5 years of age. Home visitation program services may not be provided  
20 to a person unless the person gives his or her written informed consent to receiving  
21 those services or, if the person is a child, unless the child's parent, guardian or legal  
22 custodian gives his or her written informed consent for the child to receive those  
23 services.

History: 1997 a. 293; 2005 a. 25, 165; 2007 a. 20 s. 1133, 1134, 1136 to 1141, 1143 to 1167; Stats. 2007 s. 48.983.

SECTION 9. 48.983 (4) (b) 2. of the statutes is repealed.

1           **SECTION 10.** 48.983 (4) (b) 3. of the statutes is amended to read:

2           48.983 (4) (b) 3. A county or Indian tribe that is providing home visitation  
3           program services under subd. 1. ~~or 2.~~ shall provide to a person receiving those  
4           services the information relating to shaken baby syndrome and impacted babies  
5           required under s. 253.15 (6).<sup>✓</sup>

History: 1997 a. 293; 2005 a. 25, 165; 2007 a. 20 ss. 1133, 1134, 1136 to 1141, 1143 to 1167; Stats. 2007 s. 48.983.

6           **SECTION 11.** 48.983 (5) of the statutes is amended to read:

7           48.983 (5) **SELECTION OF COUNTIES AND INDIAN TRIBES.** The department shall  
8           provide competitive application procedures for selecting counties and Indian tribes  
9           for participation in the program under this section. The department shall establish  
10          a method for ranking applicants for selection based on the quality of their  
11          applications. In ranking the applications submitted by counties, the department  
12          shall give favorable consideration to a county that has indicated under sub. (6) (d)  
13          2. that it is willing to use a portion of any moneys distributed to the county under s.  
14          48.565 (2) (a) to provide case management services to a ~~medical assistance~~ Medical  
15          Assistance beneficiary under s. 49.45 (25) (am) 9. who is a case or who is a member  
16          of a family that is a case and that has explained under sub. (6) (d) 2. how the county  
17          plans to use that portion of those moneys to promote the provision of those services  
18          for the case by using a wraparound process so as to provide those services in a  
19          flexible, comprehensive and individualized manner in order to reduce the necessity  
20          for court-ordered services. The department shall also provide application  
21          requirements and procedures for the renewal of a grant awarded under this section.  
22          The application procedures and the renewal application requirements and  
23          procedures shall be clear and understandable to the applicants. The department  
24          need not promulgate as rules under ch. 227 the application procedures, the renewal

1 application requirements or procedures, or the method for ranking applicants  
2 established under this subsection.✓

3 History: 1997 a. 293; 2005 a. 25, 165; 2007 a. 20 ss. 1133, 1134, 1136 to 1141, 1143 to 1167; Stats. 2007 s. 48.983.

3 **SECTION 12.** 48.983 (6) (a) (intro.) of the statutes is amended to read:

4 48.983 (6) (a) *Home visitation program criteria.* (intro.) The part of an  
5 application, other than a renewal application, submitted by a county, ~~other than a~~  
6 ~~county with a population of 500,000 or more,~~ or an Indian tribe that relates to home  
7 visitation programs shall include all of the following:✓

8 History: 1997 a. 293; 2005 a. 25, 165; 2007 a. 20 ss. 1133, 1134, 1136 to 1141, 1143 to 1167; Stats. 2007 s. 48.983.

8 **SECTION 13.** 48.983 (6) (a) 5. of the statutes is created to read:

9 48.983 (6) (a) 5. An explanation of how the applicant, in collaboration with local  
10 prenatal care coordination providers, will implement strategies aimed at achieving  
11 healthy birth outcomes, as determined by performance ~~measure~~ <sup>Measures</sup> prescribed by the  
12 department of health services, in the county or reservation of the Indian tribe.✓

13 **SECTION 14.** 48.983 (6) (b) 1. of the statutes is amended to read:

14 48.983 (6) (b) 1. 'Flexible fund for home visitation programs.' The applicant  
15 demonstrates in the application that the applicant has established, or has plans to  
16 establish, if selected, a fund from which payments totaling not more than \$1,000 less  
17 than \$250 per calendar year may be made for appropriate expenses of each family  
18 that is participating in the home visitation program under sub. (4) (b) 1. or that is  
19 receiving home visitation services under s. 49.45 (44). The payments shall be  
20 authorized by an individual designated by the applicant. If an applicant makes a  
21 payment to or on behalf of a family under this subdivision, one-half of the payment  
22 shall be from grant moneys received under this section and one-half of the payment



1 shall be from moneys provided by the applicant from sources other than grant  
2 moneys received under this section.✓

History: 1997 a. 293; 2005 a. 25, 165; 2007 a. 20 ss. 1133, 1134, 1136 to 1141, 1143 to 1167; Stats. 2007 s. 48.983.

3 **SECTION 15.** 48.983 (6) (b) 2. of the statutes is amended to read:

4 48.983 (6) (b) 2. 'Flexible fund for cases.' The applicant demonstrates in the  
5 grant application that the applicant has established, or has plans to establish, if  
6 selected, a fund from which payments totaling not ~~more than \$500~~ less than \$250 for  
7 each case may be made for appropriate expenses related to the case. The payments  
8 shall be authorized by an individual designated by the applicant. If an applicant  
9 makes a payment to or on behalf of a person under this subdivision, one-half of the  
10 payment shall be from grant moneys received under this section and one-half of the  
11 payment shall be from moneys provided by the applicant from sources other than  
12 grant moneys received under this section. The applicant shall demonstrate in the  
13 grant application that it has established, or has plans to establish, if selected,  
14 procedures to encourage, when appropriate, a person to whom or on whose behalf  
15 payments are made under this subdivision to make a contribution to the fund  
16 described in this subdivision up to the amount of payments made to or on behalf of  
17 the person when the person's financial situation permits such a contribution.✓

History: 1997 a. 293; 2005 a. 25, 165; 2007 a. 20 ss. 1133, 1134, 1136 to 1141, 1143 to 1167; Stats. 2007 s. 48.983.

18 **SECTION 16.** 48.983 (6) (c) of the statutes is amended to read:

19 48.983 (6) (c) *Case management benefit.* The applicant, ~~other than a county~~  
20 ~~with a population of 500,000 or more,~~ states in the grant application that it has  
21 elected, or, if selected, that it will elect, under s. 49.45 (25) (b), to make the case  
22 management benefit under s. 49.45 (25) available to the category of beneficiaries

1 under s. 49.45 (25) (am) 9. who are children and who are members of families  
2 receiving home visitation program services under sub. (4) (b) 1.

3 History: 1997 a. 293; 2005 a. 25, 165; 2007 a. 20 ss. 1133, 1134, 1136 to 1141, 1143 to 1167; Stats. 2007 s. 48.983.

3 **SECTION 17.** 48.983 (6) (d) 2. of the statutes is amended to read:

4 48.983 (6) (d) 2. The applicant indicates in the grant application whether the  
5 applicant is willing to use a portion of any moneys distributed to the applicant under  
6 s. 48.565 (2) (a) to provide case management services to a ~~medical assistance~~ Medical  
7 Assistance beneficiary under s. 49.45 (25) (am) 9. who is a case or who is a member  
8 of a family that is a case. If the applicant is so willing, the applicant shall explain  
9 how the applicant plans to use that portion of those moneys to promote the provision  
10 of those services for the case by using a wraparound process so as to provide those  
11 services in a flexible, comprehensive and individualized manner in order to reduce  
12 the necessity for court-ordered services.✓

13 History: 1997 a. 293; 2005 a. 25, 165; 2007 a. 20 ss. 1133, 1134, 1136 to 1141, 1143 to 1167; Stats. 2007 s. 48.983.

13 **SECTION 18.** 48.983 (6) (f) of the statutes is created to read:

14 48.983 (6) (f) *Reinvestment of Medical Assistance reimbursement.*✓ The  
15 applicant agrees to reinvest in the program under this section✓ a portion of the  
16 reimbursement received by the applicant under the Medical Assistance program  
17 under subch. IV of ch. 49.✓ The department and the applicant shall negotiate the  
18 amount of that reinvestment based on the applicant's administrative costs for billing  
19 the Medical Assistance program for reimbursement for services provided under this  
20 section✓ and the ratio of Medical Assistance reimbursement received for those  
21 services to the amount billed to the Medical Assistance program for those services.✓

22 **SECTION 19.** 48.983 (6g) (a) of the statutes is amended to read:

23 48.983 (6g) (a) Except as permitted or required under s. 48.981 (2), no person  
24 may use or disclose any information concerning any individual who is selected for an

1 assessment under sub. (4) (b), including an individual who declines to undergo the  
2 assessment, or concerning any individual who is offered services under a home  
3 visitation program funded under this section, including an individual who declines  
4 to receive those services, unless the use or disclosure is connected with the  
5 administration of the home visitation program or the administration of the medical  
6 assistance Medical Assistance program under ss. 49.43 to 49.497 or unless the  
7 individual has given his or her written informed consent to the use or disclosure. ✓

History: 1997 a. 293; 2005 a. 25, 165; 2007 ~~a. 20~~ ss. 1133, 1134, 1136 to 1141, 1143 to 1167; Stats. 2007 s. 48.983.

8 **SECTION 20. 253.15 (2) of the statutes is amended to read:**

9 253.15 (2) INFORMATIONAL MATERIALS. The board shall purchase or prepare or  
10 arrange with a nonprofit organization to prepare printed and audiovisual materials  
11 relating to shaken baby syndrome and impacted babies. The materials shall include  
12 information regarding the identification and prevention of shaken baby syndrome  
13 and impacted babies, the grave effects of shaking or throwing on an infant or young  
14 child, appropriate ways to manage crying, fussing, or other causes that can lead a  
15 person to shake or throw an infant or young child, and a discussion of ways to reduce  
16 the risks that can lead a person to shake or throw an infant or young child. The  
17 materials shall be prepared in English, Spanish, and other languages spoken by a  
18 significant number of state residents, as determined by the board. The board shall  
19 make those written and audiovisual materials available to all hospitals, maternity  
20 homes, and nurse-midwives licensed under s. 441.15 that are required to provide or  
21 make available materials to parents under sub. (3) (a) 1., to the department and to  
22 all county departments and nonprofit organizations that are required to provide the  
23 materials to day care providers under sub. (4), and to all school boards and nonprofit  
24 organizations that are permitted to provide the materials to pupils in one of grades

5 to 8 and in one of grades 10 to 12 under sub. (5). The board shall also make those written materials available to all county departments and Indian tribes that are providing home visitation services under s. 48.983 (4) (b) 1. ~~or 2.~~ and to all providers of prenatal, postpartum, and young child care coordination services under s. 49.45 (44). The board may make available the materials required under this subsection to be made available by making those materials available at no charge on the board's Internet site.✓

History: 2005 a. 165; 2007 a. 20 ss. 3059 to 3065, 9121 (6) (a); 2007 a. 96; s. 13.92 (2) (i).

**SECTION 21.** 253.15 (6) of the statutes is amended to read:

253.15 (6) INFORMATION TO HOME VISITATION OR CARE COORDINATION SERVICES RECIPIENTS. A county department or Indian tribe that is providing home visitation services under s. 48.983 (4) (b) 1. ~~or 2.~~ and a provider of prenatal, postpartum, and young child care coordination services under s. 49.45 (44) shall provide to a recipient of those services, without cost, a copy of the written materials purchased or prepared under sub. (2) and an oral explanation of those materials.✓

History: 2005 a. 165; 2007 a. 20 ss. 3059 to 3065, 9121 (6) (a); 2007 a. 96; s. 13.92 (2) (i).

**SECTION 22.** 253.15 (7) (e) of the statutes is amended to read:

253.15 (7) (e) A county department or Indian tribe that is providing home visitation services under s. 48.983 (4) (b) 1. ~~or 2.~~ and a provider of prenatal, postpartum, and young child care coordination services under s. 49.45 (44) is immune from liability for any damages resulting from any good faith act or omission in providing or failing to provide the written materials and oral explanation specified in sub. (6).✓

History: 2005 a. 165; 2007 a. 20 ss. 3059 to 3065, 9121 (6) (a); 2007 a. 96; s. 13.92 (2) (i).

**SECTION 9108. Nonstatutory provisions; Children and Families.**✓

(1) HOME VISITING SERVICES

(a) Rules.

rules  
CS

1 (a) ① Permanent rules The department of children and families shall submit in  
2 proposed form the rules required under section 48.983 (2) of the statutes, as affected  
3 by this act, to the legislative council staff under section 227.15 (1) of the statutes no  
4 later than the first day of the 7th month beginning after the effective date of this  
5 subdivision *paragraph*

6 (b) ② Emergency rules Using the procedure under section 227.24 of the statutes,  
7 the department of children and families may promulgate the rules required under  
8 section 48.983 (2) of the statutes, as affected by this act, for the period before the  
9 effective date of the rules submitted under subdivision 1 *paragraph (a)* but not to exceed the period  
10 authorized under section 227.24 (1) (c) and (2) of the statutes. Notwithstanding  
11 section 227.24 (1) (a), (2) (b), and (3) of the statutes, the department is not required  
12 to provide evidence that promulgating a rule under this subdivision *paragraph* as an emergency  
13 rule is necessary for the preservation of the public peace, health, safety, or welfare  
14 and is not required to provide a finding of emergency for a rule promulgated under  
15 this subdivision *paragraph*

16 (END)

**Malaise, Gordon**

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**From:** Stinebrink, Cory R - DOA [Cory.Stinebrink@wisconsin.gov]  
**Sent:** Tuesday, January 27, 2009 11:01 AM  
**To:** Malaise, Gordon  
**Subject:** RE: LRB Draft 09-1579/1 Home visiting

Gordon:

I don't think the comment by John is to be incorporated. That was John's initial reaction, but others have since responded to that and have said that should remain as drafted.

Cory

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**From:** Malaise, Gordon [mailto:Gordon.Malaise@legis.wisconsin.gov]  
**Sent:** Tuesday, January 27, 2009 10:58 AM  
**To:** Stinebrink, Cory R - DOA  
**Subject:** RE: LRB Draft 09-1579/1 Home visiting

Cory:

I agree with you that we should leave current law, i.e., "perpetrating child abuse," and simply insert after "risk factors" the phrase "poor birth outcomes or for . . .".

What about John Touhy's other idea of deleting "continuously" from page 5, line 11?

Gordon

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**From:** Stinebrink, Cory R - DOA [mailto:Cory.Stinebrink@wisconsin.gov]  
**Sent:** Tuesday, January 27, 2009 9:33 AM  
**To:** Malaise, Gordon  
**Subject:** FW: LRB Draft 09-1579/1 Home visiting

Gordon-

Here is a comment DCF made in regards to the home visiting draft:

*Because the program is expanding to include pre-natal care the reference to "perpetrating child abuse and neglect", line 25, page 4 of the draft should be changed to delete the word perpetrating and instead insert "a poor birth outcome or risk factors for."*

I am not sure whether deleting 'perpetrating' is appropriate, but I can certainly see the value in adding the line they mention.

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**From:** Tuohy, John O - DCF  
**Sent:** Friday, January 23, 2009 7:14 PM  
**To:** Stinebrink, Cory R - DOA  
**Cc:** Nikolay, Robert A - DCF; Campbell, Mark D - DCF  
**Subject:** FW: LRB Draft 09-1579/1 Home visiting

Hi Cory:

Thanks for the chance to look at this draft. The home visiting program is administered by the Division of

01/27/2009

Prevention and Service Integration in DCF, so that Division should approve the draft. I do have one suggestion, which you can follow up with Mark Campbell on.

The target population for the home visiting program is Medicaid-eligible children so the home visiting provider can bill for Medicaid FED funds. Section 8 of the draft amends 48.983(4)(b)1, which indicates under current law children can be served until they reach age 3. New language is added on lines 10-14 of page 5 of the draft indicating that should the child lose Medicaid eligibility, the home visiting program can continue to serve the child up to age 3 provided the family was receiving home visiting services for at least 12 months on a continuous basis. This new language is to address situations where a family was getting services, lost their Medicaid eligibility and then their home visiting service were ended because the provider could not longer bill for Medicaid FED. I think the new language is a good addition to ensure continuity of service to families, but question the need for 12 months of continuous service. Low income families often have unstable housing situations or other situations where they "disappear" for a few months and thus may go in and out of home visiting programs. These transient families are also more likely to lose their Medicaid coverage temporarily due to failure to follow up with Income Maintenance Agencies for required eligibility reviews. These families would not meet the 12 continuous months test, but are very vulnerable families and probably have the greatest need for home visiting service. I suggest eliminating the requirement that the 12 months be continuous.

John Tuohy  
Deputy Administrator  
Division of Safety and Permanence  
WI Department of Children and Families  
Phone 608-267-3832  
Fax 608-266-5547

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**From:** Stinebrink, Cory R - DOA  
**Sent:** Wednesday, January 21, 2009 5:09 PM  
**To:** Tuohy, John O - DCF  
**Subject:** FW: LRB Draft: 09-1579/1 Home visiting

John-

I don't know if you wanted to see the Home Visiting draft or not as I was thinking this wasn't your area, but here is the latest draft completed by LRB for your agency if you were still wanting to have them looked at by people in DCF. We are getting to crunch time, so if there are comments/corrections that any of the people at DCF have would need to have a very rapid turnaround.

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**From:** Schlueter, Ron [mailto:Ron.Schlueter@legis.wisconsin.gov]  
**Sent:** Wednesday, January 21, 2009 4:56 PM  
**To:** Stinebrink, Cory R - DOA  
**Cc:** Hanle, Bob - DOA; Hanaman, Cathlene - LEGIS; Beadles, Kathleen - DOA  
**Subject:** LRB Draft: 09-1579/1 Home visiting

*Following is the PDF version of draft 09-1579/1.*